

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 7

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Jennifer S. Tripp

Mailing Address PO Box 8

City

Canton Center

State

CT

Zip Code

06020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4150

Amount of Each Receipt this Period

150.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Ernest A. Viscuso

Mailing Address 13 Cooperstown Court

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Account Management

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4212

Amount of Each Receipt this Period

250.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

2500.00